

UNITED STATES DISTRICT COURT

for the

Middle District of T.N.

Nashville Division

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Joseph Norris 318615

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Corea Civia / medcaul Pae MD. Loring

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

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APR 04 2024

U.S. District Court  
Middle District of TN

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Joseph Norris  
 All other names by which  
 you have been known: N/A  
 ID Number 318615  
 Current Institution T.T.C.C.  
 Address 140 Macon Way  
Heartsville T.N. 37074  
City State Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name Poe MD. Loring  
 Job or Title (*if known*) MD.  
 Shield Number I dont know  
 Employer T.T.C.C. Medcal a corporation  
 Address 140 Macon Way  
Heartsville T.N. 37074  
City State Zip Code

☐ Individual capacity ☒ Official capacity

**Defendant No. 2**

Name N/A  
 Job or Title (*if known*)   
 Shield Number   
 Employer   
 Address   
    
City State Zip Code

☐ Individual capacity ☐ Official capacity

Defendant No. 3

Name  
Job or Title (if known)  
Shield Number  
Employer  
Address

MA  
City State Zip Code

☐ Individual capacity ☐ Official capacity

Defendant No. 4

Name  
Job or Title (if known)  
Shield Number  
Employer  
Address

MA  
City State Zip Code

☐ Individual capacity ☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)  
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

The 8<sup>th</sup> Amendment cruel and unusual punishment

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials? N/A

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

treatment. By leaving me in the cell for months in pain, want answer my sick calls, Give me meds that she knows that is Red Flag in my chart to not give me and did 2x's the same meds that kill me, I'm blind in my left eye because of her. I've caught infection in the lining of my stomach, I've did 1 1/2 x's do to my sick of cell which she refuse to treat. I have paper work to prove it.

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

N/A

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

1  
T.C.C. A-B-203 B-A-103  
1-29-21 1-20-24

C. What date and approximate time did the events giving rise to your claim(s) occur? I have sick of cell attack on 1-10-24 and 1-29-24 Had to go to outside medeat have wrist band to show, I've been in pain do to my sick of cell without pain meds treatment since Jan. Feb. March of 2024 and I've still not getting help.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?) 1-10-24 and 1-29-24 Nurse LeVake that was on night shift saw it. I have ~~documents~~ to well I have dates and other stuff too show you every thing that is going on.

## V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. my left eye went out, caught infection in the lining of my stomach and it not getting any better only worse still she want help. my Oscar then came back.

## VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes.

If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims. I want 100 million for me lose my left eye,

And almost die and caught an infection in the lining of my stomach, and haven't stay in pain with out med's. Also make it tax free, pay all my court's cost funds and fees and be ship from here some were i can get the right help i need for my medical condition.

## VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

T. T. C. C. in B-11-103 and AB-203

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)? my 8<sup>th</sup> Amendment of cruel and unusual punishment, and the denial of adequate medical treatment And want answer my sick cells or send me out so I can get help,

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

- E. If you did file a grievance:

1. Where did you file the grievance?

T.T.C.C. A-B-203

2. What did you claim in your grievance?

How my 8<sup>th</sup> Amendment was violated, and still is

3. What was the result, if any?

None so i hade sent to the next stage None panned back

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I send it to you.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I'm sending it.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

### VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☒ Yes

☐ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

3:20-CV-00182 M.D. Terrence Leveck



A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☒ Yes

☐ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) I cant remeber them it was 2 of them

Defendant(s) \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county and State)

middle district of T.N, Nashville

3. Docket or index number

I cant remeber the frist one

4. Name of Judge assigned to your case

I think Judge Joe Brown

5. Approximate date of filing lawsuit

I forgot

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition.

Cant remeber.

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

dismissid didnt know what i was doing

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment? yes

☒ Yes

☐ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

Joseph Norris 3/8/15

Defendant(s)

M.D. Terrence Leveck

2. Court (if federal court, name the district; if state court, name the county and State)

US district court middle district of T.N. - 3:20-cv-00182

3. Docket or index number

I don't know

4. Name of Judge assigned to your case

Joe Brown I think

5. Approximate date of filing lawsuit

2022 I think.

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition

I can't remember

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

I didn't state my claimer rightly

**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.


Date of signing: 3-25-24

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

 318615  
Joseph Norris 318615  
318615  
140 macon way  
Heartsville T.N 37074  
City State Zip Code

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

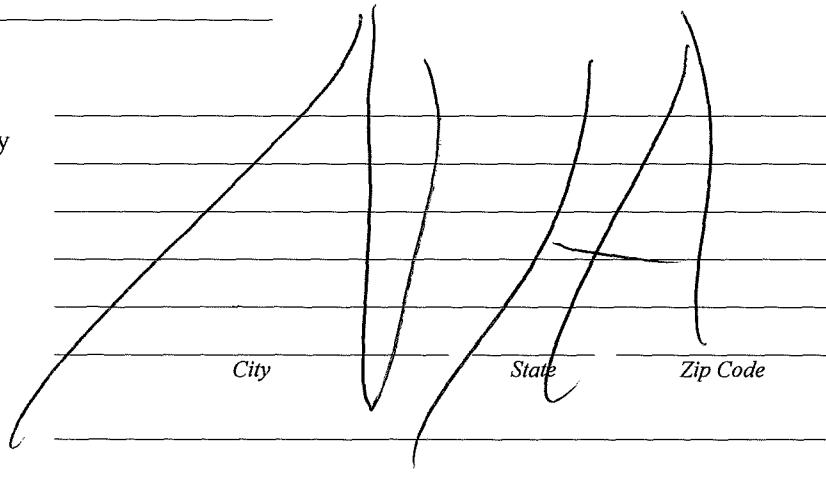
Bar Number

Name of Law Firm

Address

Telephone Number

E-mail Address

  
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City State Zip Code

Joseph Kendall Norris 318615  
140 Mason Way  
Hearshville, T.N. 37024  
Pod-A-B-203

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2 Envelopes

U.S. District Court  
Middle District of TN

Clerk's U.S. District Court

Middle District of T.N.

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3-26-24  
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And any way Norris 318615

Top Floor  
Top Floor  
Top bunch

719 Church St. Suite 130  
Nashville, T.N. 37203

Joseph Kendall Norris 318615  
140 Mason Way  
Hearshville, T.N. 37024  
Pod-A-B-203

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Middle District of TN

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